
State: Arkansas **Filing Company:** Central United Life Insurance Company
TOI/Sub-TOI: H07I Individual Health - Specified Disease - Limited Benefit/H07I.002 Dread Disease
Product Name: EMC Cancer V1
Project Name/Number: EMC Cancer V1/

Filing at a Glance

Company: Central United Life Insurance Company
Product Name: EMC Cancer V1
State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H07I.002 Dread Disease
Filing Type: Rate
Date Submitted: 12/18/2012
SERFF Tr Num: CEUL-128812838
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AR_EMV1_2012

Implementation: 02/01/2013
Date Requested:
Author(s): Allie Zhou, Cindy Hu, Norma Flores, Janett Turcios
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/02/2013
Disposition Status: Approved-Closed
Implementation Date: 03/01/2013

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H07I Individual Health - Specified Disease - Limited Benefit/H07I.002 Dread Disease
Product Name: EMC Cancer V1
Project Name/Number: EMC Cancer V1/

Filing Company: Central United Life Insurance Company

General Information

Project Name: EMC Cancer V1

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 7%

Deemer Date:

Submitted By: Allie Zhou

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/02/2013

State Status Changed: 01/02/2013

Created By: Janett Turcios

Corresponding Filing Tracking Number:

Filing Description:

An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.

Company and Contact

Filing Contact Information

Cindy Hu, Rates Supervisor

chu@manhattanlife.com

Wortham Tower

713-821-6450 [Phone]

2727 Allen Parkway

713-529-9425 [FAX]

Suite 500

Houston, TX 77019-2100

Filing Company Information

Central United Life Insurance
Company

CoCode: 61883

State of Domicile: Arkansas

Wortham Tower

Group Code: 1117

Company Type:

10777 Northwest Freeway

Group Name:

State ID Number:

Houston, TX 77092

FEIN Number: 42-0884060

(713) 529-0045 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Rate = \$50.00
Per Company: No

Company	Amount	Date Processed	Transaction #
Central United Life Insurance Company	\$50.00	12/18/2012	65872614

State:	Arkansas	Filing Company:	Central United Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease		
Product Name:	EMC Cancer V1		
Project Name/Number:	EMC Cancer V1/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/02/2013	01/02/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	12/20/2012	12/20/2012

Response Letters

Responded By	Created On	Date Submitted
Allie Zhou	12/20/2012	12/20/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Post Submission Updates	Note To Reviewer	Allie Zhou	01/02/2013	01/02/2013

State:	Arkansas	Filing Company:	Central United Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease		
Product Name:	EMC Cancer V1		
Project Name/Number:	EMC Cancer V1/		

Disposition

Disposition Date: 01/02/2013
 Implementation Date: 03/01/2013
 Status: Approved-Closed

Comment:

We have approved a 5% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increase will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than one in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical areas, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Central United Life Insurance Company	5.000%	5.000%	\$4,689	24	\$93,782	5.000%	5.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate (revised)	Rate Tables	Approved-Closed	Yes
Rate	Rate Tables	Replaced	Yes

State: Arkansas **Filing Company:** Central United Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease
Product Name: EMC Cancer V1
Project Name/Number: EMC Cancer V1/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/20/2012
Submitted Date	12/20/2012
Respond By Date	01/18/2013

Dear Cindy Hu,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comments:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the fact that this block of business has continually received rate increases since 1/1/2000 and the impact that another increase will have at this time, we will approve not more than a 5% increase at this time.

If you wish to accept the 5%, please attach a copy of the revised rates and send a post submission update changing the information under the Rate/Rule tab.

Thank you for your understanding and cooperation.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State:	Arkansas	Filing Company:	Central United Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease		
Product Name:	EMC Cancer V1		
Project Name/Number:	EMC Cancer V1/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/20/2012
Submitted Date	12/20/2012

Dear Rosalind Minor,

Introduction:

Response 1

Comments:

The Company reduced rate increase from 7% to 5%. Please see revised rates attached in Rate/Rule Schedule tab. Thank you very much for your continued consideration.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the fact that this block of business has continually received rate increases since 1/1/2000 and the impact that another increase will have at this time, we will approve not more than a 5% increase at this time.

If you wish to accept the 5%, please attach a copy of the revised rates and send a post submission update changing the information under the Rate/Rule tab.

Thank you for your understanding and cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Arkansas	Filing Company:	Central United Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease		
Product Name:	EMC Cancer V1		
Project Name/Number:	EMC Cancer V1/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	HP8322, HP8323	Revised	Previous State Filing Number: 5 Percent Rate Change Request:	Exhibit VI_AR_revised 5%.pdf,	12/20/2012 By: Allie Zhou
Previous Version						
1	Rate Tables	HP8322, HP8323	New		Exhibit VI_AR.pdf,	12/18/2012 By: Allie Zhou

Conclusion:

Sincerely,
Allie Zhou

State: Arkansas**Filing Company:** Central United Life Insurance Company**TOI/Sub-TOI:** H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease**Product Name:** EMC Cancer V1**Project Name/Number:** EMC Cancer V1/

Note To Reviewer

Created By:

Allie Zhou on 01/02/2013 10:39 AM

Last Edited By:

Rosalind Minor

Submitted On:

01/02/2013 12:24 PM

Subject:

Post Submission Updates

Comments:

Per your request, We made changes in "Post Submission Updates". Thanks you very much.

State: Arkansas
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease
Product Name: EMC Cancer V1
Project Name/Number: EMC Cancer V1/

Filing Company: Central United Life Insurance Company

Post Submission Update Request Processed On 01/02/2013

Status: Allowed
Created By: Allie Zhou
Processed By: Rosalind Minor
Comments:

Company Rate Information:

Company Name: Central United Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	5.000%	7.000%
Overall % Rate Impact	5.000%	7.000%
Written Premium Change for this Program	\$4689	\$6565
Maximum %Change (where required)	5.000%	7.000%
Minimum %Change (where required)	5.000%	7.000%

State:	Arkansas	Filing Company:	Central United Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease		
Product Name:	EMC Cancer V1		
Project Name/Number:	EMC Cancer V1/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.000%
Effective Date of Last Rate Revision:	01/01/2012
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Central United Life Insurance Company	5.000%	5.000%	\$4,689	24	\$93,782	5.000%	5.000%

State:	Arkansas	Filing Company:	Central United Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease		
Product Name:	EMC Cancer V1		
Project Name/Number:	EMC Cancer V1/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
1	Approved-Closed 01/02/2013	Rate Tables	HP8322, HP8323	Revised	Previous State Filing Number:	5	Exhibit VI_AR_revised 5%.pdf
					Percent Rate Change Request:		

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Daily Chemotherapy benefit under form AMH 8719
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	1732.13	32.27	26.40
	45-49	1803.65	34.03	26.99
	50-54	2126.21	46.36	35.79
	55-59	2447.68	58.97	50.46
	60-64	2786.58	74.23	67.48
	65-69	3124.17	92.71	85.67
	70-75	3421.52	112.66	102.10
FAMILY				
	18-44	3035.88	60.14	45.77
	45-49	3298.16	68.36	48.12
	50-54	3790.28	90.36	69.83
	55-59	4334.32	113.83	97.40
	60-64	4966.67	142.29	129.68
	65-69	5596.52	177.79	164.88
	70-75	6149.66	217.25	196.57
SINGLE PARENT				
	18-44	2078.92	38.73	31.69
	45-49	2167.22	40.78	32.27
	50-54	2555.45	55.45	42.83
	55-59	2939.79	70.71	60.44
	60-64	3337.98	88.90	80.98
	65-69	3752.62	111.19	102.69
	70-75	4103.20	135.25	122.64

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Daily Chemotherapy benefit under form AMH 8719

Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	1732.13	32.27	26.40
FAMILY	3035.88	60.14	45.77
SINGLE PARENT	2078.92	38.73	31.69

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
URBAN DALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	2006.59	32.27	26.40
	45-49	2066.15	34.03	26.99
	50-54	2397.92	46.36	35.79
	55-59	2719.76	58.97	50.46
	60-64	3055.68	74.23	67.48
	65-69	3384.97	92.71	85.67
	70-75	3669.56	112.66	102.10
FAMILY				
	18-44	3371.56	60.14	45.77
	45-49	3619.90	68.36	48.12
	50-54	4106.63	90.36	69.83
	55-59	4647.01	113.83	97.40
	60-64	5274.80	142.29	129.68
	65-69	5884.71	177.79	164.88
	70-75	6407.21	217.25	196.57
SINGLE PARENT				
	18-44	2407.86	38.73	31.69
	45-49	2483.35	40.78	32.27
	50-54	2884.82	55.45	42.83
	55-59	3268.25	70.71	60.44
	60-64	3673.54	88.90	80.98
	65-69	4066.90	111.19	102.69
	70-75	4398.67	135.25	122.64

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	2006.59	32.27	26.40
FAMILY	3371.56	60.14	45.77
SINGLE PARENT	2407.86	38.73	31.69

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	2650.23	32.27	26.40
	45-49	2759.66	34.03	26.99
	50-54	3253.19	46.36	35.79
	55-59	3745.06	58.97	50.46
	60-64	4263.58	74.23	67.48
	65-69	4780.12	92.71	85.67
	70-75	5235.07	112.66	102.10
FAMILY				
	18-44	4645.02	60.14	45.77
	45-49	5046.33	68.36	48.12
	50-54	5799.28	90.36	69.83
	55-59	6631.70	113.83	97.40
	60-64	7599.22	142.29	129.68
	65-69	8562.92	177.79	164.88
	70-75	9409.25	217.25	196.57
SINGLE PARENT				
	18-44	3180.84	38.73	31.69
	45-49	3315.93	40.78	32.27
	50-54	3909.95	55.45	42.83
	55-59	4498.01	70.71	60.44
	60-64	5107.26	88.90	80.98
	65-69	5741.67	111.19	102.69
	70-75	6278.07	135.25	122.64

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	2650.23	32.27	26.40
FAMILY	4645.02	60.14	45.77
SINGLE PARENT	3180.84	38.73	31.69

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit Rider
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
INDIVIDUAL	18-44	73.35
	45-49	88.02
	50-54	96.52
	55-59	118.53
	60-64	140.24
	65-69	155.50
	70-75	122.64
FAMILY	18-44	146.69
	45-49	166.35
	50-54	188.06
	55-59	224.44
	60-64	262.00
	65-69	288.99
	70-75	225.03
SINGLE PARENT	18-44	102.69
	45-49	105.62
	50-54	115.89
	55-59	142.29
	60-64	168.40
	65-69	186.60
	70-75	147.28

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit
Composite Annual Premiums

	<u>Rate Per Unit</u>
INDIVIDUAL	73.35
FAMILY	146.69
SINGLE PARENT	102.69

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
INDIVIDUAL	18-44	58.68
	45-49	59.56
	50-54	76.87
	55-59	96.82
	60-64	118.24
	65-69	140.24
	70-75	161.95
FAMILY	18-44	99.75
	45-49	108.85
	50-54	141.71
	55-59	179.55
	60-64	220.92
	65-69	263.17
	70-75	305.42
SINGLE PARENT	18-44	70.41
	45-49	71.59
	50-54	92.42
	55-59	116.18
	60-64	142.00
	65-69	168.40
	70-75	194.22

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider
Composite Annual Premiums

	<u>Rate Per Unit</u>
INDIVIDUAL	58.68
FAMILY	99.75
SINGLE PARENT	70.41

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8330 Return of Premium Rider

With the purchase of this rider, an additional 60% will be charged on the policy. This will cover the base plan and all riders attached.

State:	Arkansas	Filing Company:	Central United Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002 Dread Disease		
Product Name:	EMC Cancer V1		
Project Name/Number:	EMC Cancer V1/		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/17/2012	Replaced 01/02/2013	Rate	Rate Tables	12/20/2012	Exhibit VI_AR.pdf (Superceded)

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Daily Chemotherapy benefit under form AMH 8719
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	1765.12	32.89	26.91
	45-49	1838.01	34.68	27.51
	50-54	2166.71	47.24	36.48
	55-59	2494.30	60.09	51.42
	60-64	2839.65	75.64	68.76
	65-69	3183.68	94.48	87.30
	70-75	3486.69	114.81	104.04
FAMILY				
	18-44	3093.70	61.29	46.64
	45-49	3360.99	69.66	49.03
	50-54	3862.47	92.08	71.16
	55-59	4416.88	116.00	99.26
	60-64	5061.27	145.00	132.15
	65-69	5703.12	181.18	168.02
	70-75	6266.80	221.39	200.31
SINGLE PARENT				
	18-44	2118.52	39.46	32.29
	45-49	2208.50	41.56	32.89
	50-54	2604.13	56.51	43.65
	55-59	2995.79	72.05	61.59
	60-64	3401.56	90.59	82.52
	65-69	3824.10	113.31	104.64
	70-75	4181.36	137.83	124.97

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Daily Chemotherapy benefit under form AMH 8719

Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	1765.12	32.89	26.91
FAMILY	3093.70	61.29	46.64
SINGLE PARENT	2118.52	39.46	32.29

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
URBAN DALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	2044.81	32.89	26.91
	45-49	2105.50	34.68	27.51
	50-54	2443.60	47.24	36.48
	55-59	2771.57	60.09	51.42
	60-64	3113.88	75.64	68.76
	65-69	3449.45	94.48	87.30
	70-75	3739.46	114.81	104.04
FAMILY				
	18-44	3435.78	61.29	46.64
	45-49	3688.85	69.66	49.03
	50-54	4184.85	92.08	71.16
	55-59	4735.52	116.00	99.26
	60-64	5375.27	145.00	132.15
	65-69	5996.80	181.18	168.02
	70-75	6529.25	221.39	200.31
SINGLE PARENT				
	18-44	2453.72	39.46	32.29
	45-49	2530.65	41.56	32.89
	50-54	2939.77	56.51	43.65
	55-59	3330.51	72.05	61.59
	60-64	3743.51	90.59	82.52
	65-69	4144.36	113.31	104.64
	70-75	4482.46	137.83	124.97

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	2044.81	32.89	26.91
FAMILY	3435.78	61.29	46.64
SINGLE PARENT	2453.72	39.46	32.29

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	2700.71	32.89	26.91
	45-49	2812.23	34.68	27.51
	50-54	3315.15	47.24	36.48
	55-59	3816.39	60.09	51.42
	60-64	4344.79	75.64	68.76
	65-69	4871.17	94.48	87.30
	70-75	5334.78	114.81	104.04
FAMILY				
	18-44	4733.50	61.29	46.64
	45-49	5142.45	69.66	49.03
	50-54	5909.74	92.08	71.16
	55-59	6758.02	116.00	99.26
	60-64	7743.96	145.00	132.15
	65-69	8726.02	181.18	168.02
	70-75	9588.47	221.39	200.31
SINGLE PARENT				
	18-44	3241.43	39.46	32.29
	45-49	3379.09	41.56	32.89
	50-54	3984.43	56.51	43.65
	55-59	4583.68	72.05	61.59
	60-64	5204.54	90.59	82.52
	65-69	5851.03	113.31	104.64
	70-75	6397.65	137.83	124.97

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	2700.71	32.89	26.91
FAMILY	4733.50	61.29	46.64
SINGLE PARENT	3241.43	39.46	32.29

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit Rider
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
INDIVIDUAL	18-44	74.74
	45-49	89.69
	50-54	98.36
	55-59	120.79
	60-64	142.91
	65-69	158.46
	70-75	124.97
FAMILY	18-44	149.49
	45-49	169.52
	50-54	191.64
	55-59	228.72
	60-64	266.99
	65-69	294.49
	70-75	229.32
SINGLE PARENT	18-44	104.64
	45-49	107.63
	50-54	118.10
	55-59	145.00
	60-64	171.61
	65-69	190.15
	70-75	150.09

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit
Composite Annual Premiums

	<u>Rate Per Unit</u>
INDIVIDUAL	74.74
FAMILY	149.49
SINGLE PARENT	104.64

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
INDIVIDUAL	18-44	59.80
	45-49	60.69
	50-54	78.33
	55-59	98.66
	60-64	120.49
	65-69	142.91
	70-75	165.04
FAMILY	18-44	101.65
	45-49	110.92
	50-54	144.41
	55-59	182.97
	60-64	225.13
	65-69	268.18
	70-75	311.23
SINGLE PARENT	18-44	71.75
	45-49	72.95
	50-54	94.18
	55-59	118.39
	60-64	144.70
	65-69	171.61
	70-75	197.92

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider
Composite Annual Premiums

	<u>Rate Per Unit</u>
INDIVIDUAL	59.80
FAMILY	101.65
SINGLE PARENT	71.75

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBANDALE, IOWA

Rate Sheet for AMH 8330 Return of Premium Rider

With the purchase of this rider, an additional 60% will be charged on the policy. This will cover the base plan and all riders attached.